

Mr. COBLE. In closing, Mr. Speaker, this addresses a problem that has come across my path many times. Back home, Mr. CONYERS, I don't know about you in Michigan, but in North Carolina, I hear this complaint frequently. A document properly notarized in one State, and then as I said, it must be by happenstance, crosses a State line and goes to another State, and then, of course, denial rears her ugly head, and all sorts of confusion results.

□ 1630

So this addresses a problem that needs to be fixed, and I think this legislation does it.

Mr. Speaker, I yield back the balance of my time.

Mr. CONYERS. Mr. Speaker, I commend the author of this bill, Mr. ADERHOLT, and always I am pleased to come to the floor with the floor manager on the Republican side, Mr. COBLE.

And I only want to underscore the fact that communications interstate are so common and frequent that this is a long overdue and important improvement in the relations of legal documents between the citizens of the several States. So I am proud to sign off with you and join in urging that this matter be unanimously supported by the distinguished House of Representatives.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. CONYERS) that the House suspend the rules and pass the bill, H.R. 1799, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to require any Federal or State court to recognize any notarization made by a notary public licensed by a State other than the State where the court is located when such notarization occurs in or affects interstate commerce."

A motion to reconsider was laid on the table.

#### TRANSITIONAL MEDICAL ASSISTANCE AND ABSTINENCE EDUCATION PROGRAM EXTENSION

Mr. GENE GREEN of Texas. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1701) to provide for the extension of transitional medical assistance (TMA) and the abstinence education program through the end of fiscal year 2007, and for other purposes.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 1701

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. EXTENSION OF TRANSITIONAL MEDICAL ASSISTANCE (TMA) AND ABSTINENCE EDUCATION PROGRAM THROUGH THE END OF FISCAL YEAR 2007.

Section 401 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109-432) is amended—

(1) by striking "June 30" and inserting "September 30"; and

(2) by striking "third quarter" each place it appears and inserting "fourth quarter".

#### SEC. 2. SUNSET OF THE LIMITED CONTINUOUS ENROLLMENT PROVISION FOR CERTAIN BENEFICIARIES UNDER THE MEDICARE ADVANTAGE PROGRAM.

Section 1851(e)(2)(E) of the Social Security Act (42 U.S.C. 1395w-21(e)(2)(E)), as added by section 206(a) of division B of the Tax Relief and Health Care Act of 2006, is amended—

(1) in clause (i), by striking "2007 or 2008" and inserting "the period beginning on January 1, 2007, and ending on July 31, 2007."; and

(2) in clause (iii)—

(A) in the heading, by striking "YEAR" and inserting "THE APPLICABLE PERIOD"; and

(B) by striking "the year" and inserting "the period described in such clause".

#### SEC. 3. OFFSETTING ADJUSTMENT IN MEDICARE ADVANTAGE STABILIZATION FUND.

Section 1858(e)(2)(A)(i) of the Social Security Act (42 U.S.C. 1395w-27a(e)(2)(A)(i)), as amended by 301 of division B of the Tax Relief and Health Care Act of 2006, is amended by striking "the Fund during the period" and all that follows and inserting "the Fund—

"(I) during 2012, \$1,600,000,000; and

"(II) during 2013, \$1,790,000,000."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. GENE GREEN) and the gentleman from North Carolina (Mr. COBLE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

#### GENERAL LEAVE

Mr. GENE GREEN of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of this legislation that provides a 3-month extension to the transitional medical assistance program under Medicaid.

TMA provides vital support for low-income American families moving off welfare and into work. Under the TMA program, families whose earnings would otherwise make them ineligible for Medicaid can receive up to 12 months of Medicaid coverage. Without TMA, many families transitioning from welfare to work would go without health insurance and could end up back on welfare.

Families leaving welfare often encounter difficulties such as securing health insurance because they have taken low-wage jobs that do not offer employer-sponsored health coverage. In some cases this choice could serve as

a deterrent to returning to work, and we want to provide folks with as many incentives as possible to return to work. According to the Congressional Research Service, 79 percent of people with incomes of at least 200 percent of the Federal poverty level benefit from employer-sponsored health insurance, yet only 19 percent of working-age individuals with incomes below the poverty line receive health care coverage through employment. These are folks who earn \$10,210 or less a year. If they can't get coverage through their employer, it is essentially cost-prohibitive for them to purchase health insurance.

No one should be made to choose between a job and health insurance. Thanks to TMA, many Americans are spared this tough choice and allowed to move off welfare and into a job while maintaining their health coverage. Without TMA, many of our most vulnerable Americans would be unable to access the health coverage they need.

In my State of Texas, TMA helps provide more than 111,000 people each month continued treatment for ongoing health care needs. A gap in care would be particularly problematic for the one out of four mothers in the program who are in poor or fair health yet transitioning from welfare to work. The extensions of the program is critical to their continued access to necessary health care.

Again in Texas, TMA also reimburses medical providers for more than \$300 million in annual expenses for acute medical care, prescription drugs, and other approved Medicaid services. Without TMA, these costs for medically necessary services would be shifted to local governments or charitable organizations, or worse, the client may not receive needed care at all.

Mr. Speaker, TMA enjoys wide-ranging bipartisan support. The National Governors Association strongly supports TMA and its extension. According to the National Governors Association, "without access to regular health care, health problems of a new worker or the worker's family members are likely to lead to greater absenteeism and possibly job loss."

TMA is also supported by the National Conference of State Legislatures, the American Public Health Association, and the National Association of State Medicaid Directors. The administration also supports this vital program as evidenced by the fact that the President included a 1-year extension of TMA in his fiscal year 2008 budget proposal.

Mr. Speaker, in the past Congress has always acted in bipartisan fashion to extend TMA in combination with an equal extension of Federal abstinence education programs. While there is no shortage of debate or opinion on the merits of abstinence education programs, I hope my colleagues will join me in supporting this approach, at least for the short term, so we can ensure that hardworking American families don't lose their health care under